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[See Facing Page 336]

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DEERING J. ROBERTS, M.D.

EDITOR AND PROPRIETOR

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NO. 5

Original Communications.

THE INSANE LOVERS.

BY J. W. STEVENS, M.D., NASHVILLE, TENN.

The poets tell us that love blinds, and we know that it makes fools of all lovers on occasion. 'Tis a pleasant sort of foolishness, however, and unfortunate, indeed, is he who has never been guilty of it. In this sense then it might be said that all of us might be classed with the group that I have started out to describe, and that a certain amount of mental aberration on this subject will be the *normal* experience of each of us. It is not with the normal, however, that I would deal here, but with the ab-

Read before the Middle Tennessee Medical Association, May 21, 1908.

normal; those presenting a true mental disease, the prominent clinical feature of which is the existence of a love unfounded upon reality, unsought and unsuggested by its innocent object, and having its only basis and origin in the disordered and diseased imaginings of the patient.

Because of the comparative frequency of such cases, this subject should be one of the deepest interest to the general practitioner, since it is under his observation that they first come, and it is of the utmost importance that he should at once recognize their diseased nature. To determine this is by no means the simple thing that at first glance it would seem, for many of these patients are so clear, collected and rational on all topics aside from this particular delusion or set of delusions that those with whom they are in daily contact may be for a long time deceived into considering them entirely sane. When the patient is a young woman who coherently, with detail, and with seeming rationality, recites to her friends her story of disappointment and desertion, one may readily see what serious consequences might befall the innocent object of her delusions, if her mental disturbance was not recognized. No doubt many a suit for breach of promise of marriage is to be traced to the presence of such delusions in the plaintiff.

These cases do not in themselves constitute a separate clinical entity, but come from the ranks of the victims of three great mental diseases—paranoia, manic-depressive insanity and dementia praecox; this insane love being but a prominent symptom. In paresis and senility, and possibly in some other deterioration process, we sometimes meet with a condition approximating this somewhat, which I will touch upon in passing.

The Paranoiac Class—Here the love is a part of the systematized delusional state that goes to make up the clinical picture of paranoia. This psychosis is a disease of early adult life, usually making its appearance during the third decade, though in a small number of cases not before the involutional period. It develops upon a defective constitutional basis, congenital or acquired, as manifested through the presence of the stigmata of degeneracy, both psychical and physical. Probably no mental disease in its etiology depends more completely upon heredity. This does not

mean, however, that a history of well defined insanity must be found in the family. The various nervous diseases, alcoholism, prostitution, criminality, eccentricities, etc., in his antecedents, indicating the degeneracy of the stock from which he springs, endows him with a deficient and structurally weak nervous system. This is often shown in the peculiar mental makeup of such persons. From childhood they are often marked as strange and peculiar. At school they may be precocious in certain lines, but unequally so, and are apt to be deficient in the exact sciences. They are frequently shy and seclusive and fail to associate with other children. They may show a lack of affection, moral lapses, etc. As they grow older there may be undue irritability, with outbreaks of furious passion, while others are suspicious, dreamy, or unduly pious. At puberty sexual perversions may appear. As they reach maturity and the sphere of their activities and associations widen, their earlier tendencies become more marked, and they are often flighty, unsettled and unstable in their business and other undertakings, or again, their onesided development may bring forth a genius in special lines of work, brilliant in his attainments. Such peculiarities are but the common ear-marks of degeneracy and precede the other psychoses as well as paranoia, and associated with these mental deformities are many physical stigmata of degeneracy, such as facial and cranial asymetry, ill-formed and malplaced ears, defects and abnormalities of the palate, etc. The heredity and early history is very important to the clinician, often furnishing him his first clue to the true mental condition of the individual.

For convenience of description the paranoiac lovers may be divided into four classes:

First, those in whom this love and the belief in a marriage to occur or already consummated, with the ideas going to confirm this belief, constitute the clinical picture.

Second, those cases in which the delusion of love and marriage is associated with many others that completely upset their relations with the world.

Third, those in whom the delusions of love and marriage are associated with many delusions of grandeur and persecution, the

patient attributing the persecution to the machinations of disappointed suitors.

Fourth, those in whom there exists a holy, distant and altruistic affection, without any active effort toward a material union with the loved one.

The first class is of special interest because of their dangerousness, and it is this class only that I shall describe in detail. This one central delusion—the insane love—with its train of misinterpretations, may be for months, or even years, the one manifestation of mental disorder, and these patients may be so clear and rational on all other topics as to arouse no suspicion of their mental disease, and to cause the relatives and friends to refuse to believe that such exists when it is so charged. In the case of H. S., which I will report further on, four years after the establishment of what I know beyond a peradventure to be a delusional state—a full-fledged paranoia—she is still at work as a nurse in a hospital in New York City, and her family and friends, I believe, deny that she is insane. I know they did so for a year or so after the establishment of her disease.

Paranoiacs in general are coherent in thought, able to converse and reason well and intelligently on topics off the subject of their delusions, consciousness is clear, orientation unimpaired, save in respect to person, when they not infrequently mistake the identity of individuals. When the realm of their delusions is entered they become illogical in their reasoning and the conclusions which they reach, because of their erroneous premises based upon a misinterpretation of facts. Delusional references wherein they misconstrue simple events as proof conclusive of their delusional beliefs and retrospective falsifications of memory, whereby they find in their past life occurrences now having an altogether different meaning than they gave them at the time, are characteristic symptoms.

This abnormal love springs from some autochthonous psychic process in the patient, the primary origin of which must remain shrouded in mystery. The first expression of the psychosis, paranoia, is manifested in the patient's peculiar mental attitude toward the world, the misinterpretation of simple events of everyday life, and a tendency to find in the most commonplace words

and acts of others a hidden and occult reference to himself. Various abnormal somatic symptoms accompany this mental change, for which the patient seeks an explanation, and then closely following, hallucinations of the various senses occur. A direct statement may be thus received from the "voices," finding the ready acceptance in the mind of the patient that we give to impressions received through the medium of our senses. These hallucinations may first occur at night and be half-dreamy in character. So in the presence of abnormal sensations in the region of the genitalia, there may arise delusions of sexual intercourse, with the subsequent evolution of a delusion of marriage. Be its origin what it may, there arises the fixed and unshakable belief in the existence of a love and understanding between himself and another, proof of which he finds in an unmistakable line of circumstances pointing thereto.

There gradually arises in the mind of one of these individuals the belief that he is to be wedded to a certain person, with whom in reality he may be but slightly or not at all acquainted. This belief may have its origin in hallucinations, day-dreams, etc. He gradually comes to know that she loves him because of her peculiar manner and appearance when in his presence; a chance word, look, or act revealing to him her feelings. He may at first be surprised, but looking back into the past he sees many little things that he now understands in an entirely different way than he did at the time of their occurrence. She always seemed embarrassed when in his presence, was flushed and confused when he spoke to her, and once in passing she brushed against his hand. Having been casually thrown in contact by their daily duties, he looks upon this as an intentional act upon her part that she might be near him. At one time she made some commonplace request of him, such as any woman might make of any man with whom she was acquainted, which he now sees indicated her affection for him. He begins to watch her and finds that she wears her hair in a certain way, walks on a particular street at a given time where he meets her, and a hundred other little things in her daily life which really have no reference whatever to him, but which he interprets as clear proof of her love. He notices that her father is making certain changes in his business,

which means that a place is being prepared for him, that their house is being repainted, that a new house is being built in some part of the town, all of which is in anticipation of their marriage. Evidence of the same thing may be found in chance words and phrases in the daily papers, which he believes she has caused to be inserted to indicate her love, the preparations for their marriage, etc. This is particularly apt to be the case if the loved one is a person of high degree whom he has never met, and not infrequently the published account of the approaching marriage of some prominent person brings forward one of these individuals. She communicates with him by signs, such as the burning of a lamp in a window, the drawing of a shade, etc., and the looks that the passersby give him show that they know of his sweet secret. Hallucinations may be present, and he hears those about him talking of his love, hears her voice or she may appear to him, particularly at night. He may believe that she comes to his bed and that he has intercourse with her, or again he may mistake the identity of his lewd women associates, believing one of these to be his loved one. Up to this time there may have been absolutely nothing in his conduct to indicate the presence of mental disease, and this is a point I wish to emphasize most forcibly indeed. In due season he proceeds to prepare for the wedding, and notifies his friends of the approaching happy event. In others the belief arises that the ceremony has been already performed, and he simply prepares to take up living with her in the usual manner. He endeavors to reach her, and when deterred by her relatives or repulsed by herself, there arises delusions of a conspiracy to keep them apart. At first or even for months his attitude toward those whom he believes to be keeping him from his loved one may be that of mild but persistent protest, gradually becoming stronger, until he becomes quite insistent in his demands. Finally, in exasperation, or at the behest of his hallucinations, he may resort to violence or even homicide in his endeavor to reach her. It may be that the one upon whom he directs his attack has really had nothing whatever to do with the case. Not infrequently because of a belief that she has suffered wrong at his hands, the woman insane lover may attack the loved one, and two or three instances of this kind have come under my

notice. Whether actual violence is attempted or not, the lover finally becomes so annoying that his confinement in an institution becomes necessary, and as the years go by his delusions multiply and extend in scope.

Several young physicians of my acquaintance have been the victims of these lovers, this love perhaps finding its germination in the usual feeling of gratitude and appreciation of patient for physician. One young medical man in Brooklyn was shot by such a woman in Brooklyn two or three years ago because she thought he had deceived her. Ministers, too, are frequently the objects of such love. From a lack of attractive qualities, perhaps, the patient fails to receive the same degree of attention from the men as her more fortunate sisters, or from an inherent tendency to mysticism and piety she devotes much time to religious matters and church work, with a consequent close association with the minister or priest. At first, probably through her idealistic reverence for his holy office and high character, she lifts him to a pedestal of admiration in her mind, endowing him with all the qualities of goodness and virtue that she holds as her standard. This gradually evolves itself into a love of a more or less pure and exalted type, which she in course of time comes to believe that he reciprocates. She finds evidence of this in his attentions and manner toward her, which are really of the most disinterested and ordinary nature. She then begins to try to show to him her feeling toward him, following him about in the course of his duties, writing him affectionate letters, etc. Her attentions become very annoying and embarrassing, at first perhaps occasion great surprise, are ignored, politely discouraged, and finally in desperation she is ordered to discontinue her undesired attentions. This is not effective, however, and she continues her manifestations of affection, gradually presenting evidence of the delusional basis of it all in her misinterpretations and misconstructions. She may at first be much hurt and cast down that her love is thus rejected, and take upon herself the blame for his neglect. The presence of delusions of reference is here brought out in the excuses she gives for her own conduct and in her efforts to secure his forgiveness for wrongs which she believes he thinks she has done him. Thus H. S., two years afterward,

wrote begging to be forgiven for not having gone on a sleigh-ride to which she had been casually invited along with a dozen others. Such delusional interpretations may exist for months, or even years, before they so affect the patient's behavior as to make her mental disorder noticeable. Also, such a condition of mind may exist for a long while without any active effort on her part toward the attainment of the object of her love. On the other hand, because of the belief that he knows of and reciprocates her love, she quietly goes about the preparations for their marriage. Through the presence of undue sexual excitement, perversions, or abnormal sensations in the region of the genitalia, half-dreamy sexual hallucinations may occur at night, from which there develops the delusion of sexual congress with her lover.

The patient whose history follows has given two medical men of my acquaintance a great deal of trouble for four years past. She is an example of this first class of the paranoiac lover.

H. S., female, white, single, American, aet. 32, formerly a nurse in the Long Island Home at Amityville, L. I., wherein I served for several years as assistant physician. Family history negative so far as I am able to ascertain. Facial asymetry and badly formed features. In disposition reticent, seclusive and exceedingly suspicious. Because of her peculiarities she was discharged from the employ of the institution in May, 1904. It was subsequently discovered that she had previous to her discharge developed a line of delusion about Dr. X., one of the assistant physicians. Just before leaving she purchased several hundred dollars worth of clothing in anticipation of her approaching marriage with the Doctor, though she did not so state at the time. Some weeks after leaving she wrote him asking for money, but did not give any explanation for making such a request of him. Her letter being ignored, she wrote again in a few days addressing him as "My dear husband," and signed herself as "Your loving wife." Dr. X. at once wrote her sister, telling her that H. S. was insane, and that she should be cared for, and enclosing to her the letter he had just received. The family took no action in the matter. A month later H. S. returned to the Home and asked for Dr. X. When told that she could not see him she threatened suicide, and was

at once taken into custody by the officers of the Home. Several articles of jewelry with the Doctor's name engraved thereon were found in her possession. Upon her brother's arrival in response to our message, he told us that she had left home with the statement that she was going to Amityville to be married to Dr. X. He and the rest of her family and friends believed her story to be true. She had told him that an addition to the female department, in course of construction when she left, was being built for her and Dr. X. to live in. Even after being shown the completed structure, which it would be absurd to believe had been built for any such purpose, he was still unconvinced that she was mistaken, and though he removed her as we directed, he left with the feeling that his sister had been deceived and wronged by Dr. X. Since that time the patient has continued to deluge the superintendent and Dr. X. with appeals for help in securing work, in spite of the fact that she has been told time and again not to try to communicate with them further, and that they would have nothing to do with her. Every little while Dr. X. now gets most loving letters from her, appealing to him to let her come to him. After the one instance she always signed her letters 'with her right name, though she has since spoken of the relation she believes to exist between herself and the Doctor. When about to leave the employ of the institution, she did not leave on the date set for her to do so. She told Dr. X. that she could not go until she received a remittance from her brother, having spent all her money, and asked the Doctor to let her remain until she could do so, which request he naturally granted. She afterwards laid great stress upon this as an evidence of the Doctor's love for her. In reality there was never the slightest foundation in fact for her belief that the Doctor cared anything for her. He never paid the slightest attention to her, and it is doubtful if he ever spoke a dozen words to her save in relation to her work. Since she left the institution she has spent a part of her time with her sister, was for a while employed as a domestic, and for a year or more past has been engaged as a nurse in a hospital in New York City. Her family certainly did for a time, and I believe they still do, deny that she is insane, and certainly her abnormal-

ity of general conduct cannot be very marked or else she would not be able to continue in the vocation of nursing. Nevertheless, she continues to feel the same regard and to cherish the same delusions about Dr. X., as shown by the letters he still receives from her from time to time. The following are copies and extracts from some of her letters, of which during the past four years the doctor has received a hundred or more:

Oneonta, N. Y., July 13, 1905.

Dr. X.—Won't you please write to me? I have waited and waited so long for a kind word from you. It seems it can't be true that you will not recognize me at all. Dr. X., you know the whole circumstances, so there is no use explaining matters over again, but now I ask you to think for the last time, won't you please write to me, and at least tell me if your intentions are of leaving me forever alone? I don't wish to impose upon you, but I can not quite understand your manner toward me in the Long Island Home. I also cannot forget. I realize my station in life, and as I previously said I do not wish to impose upon you, but if you in your own handwriting will just give me a little insight as to your intentions, of course I can imagine what they are, but still I want to know. I am as usual waiting for my conviction, but hoping for the best this time.

I remain, sincerely yours,

H. S.

Oneonta, N. Y., Feb. 5, 1906.

Dr. X.—I feel as though I must tell you all, tell you that I love you and that if you was only mine I would be the happiest girl in the world.

Dr. X., will you not forgive for not going on the sleigh-ride that night? I was a little jealous and it was very rude of me not to go, and had I thought how discourteous it was to you and perhaps to Dr. Wilsey (the superintendent), I would not have done it for the whole world. Won't you please forgive me? I worshipped you, Dr. X., when I was sick in bed down there. If you knew how much good it done me only to hear your voice, and how I longed to put my arms around your neck and tell you

that you was dearer than anything else in the world to me. Dr. X., if you only care for me, I will go any place or grant any wish which you may ask that lies in my power. I will say good-night, hoping you will write to me as soon as you receive this.

I remain, sincerely yours,

H. S.

New York, April 27, 1908.

Dr. X.,

My Dear Boy—Please pardon me for writing to you again. This will be the last time I think, although I hope not. Tell me, Dr. X., would you care for me if I should make something out of myself? If you would only care for me I would try and get in a general hospital, then I would work and study as hard as I possibly could. I would do anything for you if you would only care for me. I will do anything if I could only have my sweet little doctor. Won't you be so kind as to write and let me know if this is satisfactory, so I can try my best? If it is not I'll not bother you any more with my writing. I left the eye and ear hospital to learn a little more about medicine before following it up. I am at the Home for Incurables at present. We have classes here every Monday night.

Please answer soon.

Sincerely yours,

H. S.

The second, third and fourth classes of the paranoiac lovers I have described in detail elsewhere (N. Y. Med. Record, Aug. 18, 1906), and I shall not do so here, because the presence of many delusions and hallucinations associated therewith make the abnormal mental condition at once apparent, and their minute description would be of interest only to the psychiatrist.

In the recognition of the paranoiac lovers a study of the individual's heredity and early history is important, the discovery of defective heredity and of physical and psychical stigmata of degeneracy being of value as presumptive evidence. In many cases the presence of frankly expressed and easily discernable de-

lusions of persecution and grandeur, hallucinations, etc., or the exalted position of the loved one renders such a claim so absurd and impossible as to make the true nature of this pathological love at once apparent. As we all know, the paranoiac is always capable of more or less logical reasoning on any point off the subject of his delusions, and as is limited the scope of his delusional beliefs, so will it be increasingly hard to entrap him into a palpably insane statement. Along certain lines he may be capable of even brilliant intellectual work. As a matter of fact, he is always more or less influenced in everything he does by his delusions, but he is often able to conceal this from others for a long time. Also, quite a degree of cunning is characteristic of the paranoiac, he at times being even more adept in simulation than a normal individual.

In the "milder" cases of the lovers we must consider the relative positions of the two individuals, and take cognizance of the degree of probability that might be attached to their claims. There may be a manifest impossibility of such a union occurring. It may be found that the two have never even spoken to each other, or that the lover is totally unknown to the loved one. Having established the real existence of the facts upon which he bases his claims, then must be determined the rationality of such deductions. Search should be made for hallucinations, delusions along other lines, and retrospective falsifications of memory. The fact that despite every effort on the part of the loved one to discourage her advances and to show how distasteful to him are her attentions, she does not desist permanently, as a normal person ordinarily would, is a point of much importance, especially in women.

Dementia Præcox.—We find an occasional example of the lovers here. In the paranoid type of the disease, cases may be met resembling in a superficial sort of way the true paranoiac lover. We have usually a degenerate basis. A delusion arises that he is to wed, or is already wedded to an heiress, popular actress, or other woman; and hallucinations, which are usually very active, confirm his belief and direct his conduct. He may seek to reach his loved one. Restrained from doing so, he manifests no strong feeling either of disappointment or resentment. He makes no

special resistance when detained, and in an indifferent sort of way details his delusions. These will be found to be of a silly and absurd character, and with little or no system. Hallucinations are usually a prominent symptom. After being sent to an institution he may retain his delusions for some months or years. He makes little effort to act upon them, may express them only as a result of questioning, and fails to show any strong feeling about the matter. This emotional deterioration is a prominent feature and is manifested in other lines, as his lack of interest in anything, indifference toward his family, his own future, etc. In the course of time, usually within two or three years, he settles down into a state of dementia, with possibly a few residuals of his former delusions. Patients of the hebephrenic type, in the presence of deterioration and increased sexual desire, may seek promiscuous intercourse among their acquaintances.

This latter statement is often true of the paretic, who may be led to form many liasons. Occasionally he limits his attentions to one or two women, but more often this is not true, and his illicit relations are multitudinous if the opportunities present themselves. These patients are absolutely unable to realize that there is anything wrong in such conduct, but on the contrary often feel proud of the fact, and make no effort to conceal it from their husbands or wives. Such behavior arises, of course, as a result of deterioration, which with the elation, expansive delusions, and the physical signs of the disease, make the diagnosis easy.

The childishness and weakened judgment of the senile frequently lead him into inadvised courtship and marriage. Frequently we see these old men enmeshed by some scheming woman whose only aim is to fleece him of his property, which he, in his weakness, is unable to realize. Where deterioration is further advanced and the ethical sensibilities blunted, we find him forming disgraceful liasons. Some years ago such a case was aired in the New York Supreme Court. Improper relations arose between an old white man of eighty-eight and a negro woman who got more than half a million dollars from him. While the courts did not restore his property to him, holding that he had given it to her willingly while in a responsible mental state, yet

we are forced to believe that there must have been considerable deterioration present to have led him to thus give away his property to such a woman instead of to his children.

The next group of cases to be considered are those found among the victims of manic-depressive insanity, during the manic phase of the disease, and in some respects this group is the most important of all. Here the danger is borne chiefly by the patient when she is a woman, in that her chastity is imperilled. This is a very real, a very urgent danger, too, for many of these patients show so little abnormality of conduct otherwise that only the physician would recognize the presence of mental disease. These cases are comparatively numerous.

Here, the love is rarely a true delusional condition as it is in the paranoid states, and is present only during the existence of the manic symptoms, disappearing in the normal or depressive intervals. It finds its origin in the eroticism, the patient's tendency to tumultuous over-responsiveness to every stimulus, and the lack of the restraining ethical sensibilities in the presence of the elation and self-approbation characteristic of this disease. The tendency of the manic patient in all things is to an immediate response to his every impulse, and the restraining influence of a calm judgment is lacking. This is manifested in his many whims and vagaries, foolish pranks and doings, restless activity and multitude of new schemes, unstable emotional attitude, and over-susceptibility to suggestion.

The condition exists alike in both male and female patients, though really it does seem that abnormal sexual excitement is of more frequent occurrence in women than in men. Of course the difference in the standards of behavior of men and women make lapses more noticeable in the latter. Still, it is a rare thing to see a maniacal woman in whom eroticism is not a very noticeable symptom, which certainly cannot be said of all maniacal men. Even though we grant that it is present in equal intensity in both sexes, yet we must admit that its manifestations are very much more noticeable in the female, and also that, for obvious reasons, it is a more serious matter. Because of this lesser prominence in the male, and because of his greater opportunities to gratify the passions that do arise, I think it is doubtful whether we find

very marked examples of the "lovers" among men suffering from this disease. A condition of excessive sexual desire, which if present in a woman would send her to an institution, might be entirely overlooked in a man. Probably another reason why we do not notice sexual excitement so much in the maniacal man after he has reached the condition necessitating his being sent to an institution, is the fact that he there seldom comes in contact with members of the opposite sex. This is not true of the woman, for ordinarily her physician is a man, and it is generally he with whom she falls in love.

Upon this basis of changed mental condition and eroticism, the woman forms a sudden infatuation for the first man that shows her a little attention, or in whom she thinks she sees an attractive quality. This leads her into saying and doing things that in her normal mental condition she would not do for her very life. The degree of intensity of her mental disturbance determines the extent to which she oversteps the bounds of propriety.

Thus in the milder hypomaniacal cases she manifests her feelings in a rather exaggerated phase of the little wiles and coquetties of her sex. She seeks every opportunity to be in his company, blushing, sighing and simpering the while, shows her jealousy of his every attention to other women, makes him presents of candy, flowers, jewelry, etc., calls upon him to perform all sorts of little trumped up services for her, writes him sentimental letters and does a thousand other little things that go to show a woman's love for a man. The erotic element present is shown by her insinuating and suggestive remarks and actions, and the tendency to the unnecessary exposure of her person.

As the degree of excitement increases, the conduct of such a woman ranges through all grades, from that described above to that in which she publicly embraces and fondles him, tries to keep him with her constantly, or finally openly and in the presence of others offers herself for intercourse.

In the milder hypomaniacal cases her love may be directed towards a single individual, but as her mental disturbance increases, so does her sexual excitement, with a consequent offering herself to every man she sees. Even the hypomaniacal patient, though, is not absolutely constant in her love, and it is the man of the

moment in whom she is most deeply interested. Still, after all, and in spite of her many flirtations with other men, there is nearly always one particular individual for whom she has a preference.

This abnormal sexual excitement may be the first and almost the only evidence of mental disease in certain cases, and not infrequently it is this symptom alone that necessitates the young woman's confinement in an institution. Often she has a quite clear insight into her own mental condition, and recognizes the abnormality of her behavior, but is unable to control herself. Masturbation is a frequent symptom.

Let me outline briefly a few cases:

Miss K., aet. 26, at puberty manifested excessive sexual excitement, which was about the only recognized symptom of mental disorder. This subsided in a few months, only to reappear six months later. This time she was a bit restless, emotional, and slept badly. She was cared for at home during two or three such periods, but when at the age of eighteen the same condition reappeared, her parents questioned their ability to protect her, and sent her to the Long Island Home. Since then she has been readmitted many times, on each occasion remaining three or four months. In the intervals she has had several mild attacks of depression. Each time when at the Home she has presented practically the same condition. She is mildly elated and rather unstable emotionally. There is some increase of motor activity as shown by her busyness in many directions. There is practically no disturbance of thought, she is perfectly clear and rational on all points, and is able to make herself very entertaining in company. As an evidence of how controlled she is, I will state that she usually makes the journey of several hundred miles to and from the institution unaccompanied. Yet as she fully realizes herself, recognizing its pathological nature, she is in a very erotic state at the time. On the occasions of four successive returns to the institution she lavished her affections each time upon the same man, one of the physicians. Her advances were, of course, firmly repelled, yet she made the doctor's life a burden while she was there. She followed him about the parlors and halls, seeking every opportunity to be near him,

and when this was not possible, would take her stand where she could see him, and there remain for hours at a time, gazing at him in the most love-lorn manner. She was exceedingly jealous of any attention shown by him to any other woman in the course of his duties, this jealousy often sending her to bed in a storm of tears. She frankly admitted her feeling for him, and liked to make insinuating remarks about their marriage. In his presence she sought for excuses to take his hand, to lean against him, or to otherwise come in physical contact with him. When reproved for her conduct she would weep and admit that she should not act so, but declared that she could not control herself. She would most tearfully beg us not to believe that she was always so. In the presence of other men, if the opportunity presented itself, she was prone to be insinuating in her words and behavior, but after all she was completely the doctor's own. When the doctor terminated his connection with the institution his successor in the work was likewise his successor in Miss K.'s affections. She masturbated somewhat during these periods, but in the interval between these attacks, so her parents tell me, she is a very proper and reserved young woman.

Miss H., aet 32. She springs from a markedly neurotic family, both her father and mother having frequent periodic attacks of depression. The mother is of such an abnormally jealous disposition that she can not tolerate her husband's attentions to their own daughters. Miss H. for ten years past had regularly recurring attacks of depression, alternating with a state of hypomania, which has once or twice passed on to a marked maniacal state. These periods last for two or three months and are usually separated by a somewhat longer period of normal mentality. In the states of elation eroticism is the predominating feature, and were it not for this she could easily be cared for at home. In fact, I am quite sure that in the attack I saw her pass through, and during which the events to be related below occurred, her manner and appearance gave so little evidence of abnormality that she would have been able to pass as a normal person in any society where her intimate history was not known. She is naturally a very refined young woman, and these qualities continue to influence her in her illness. Thus, while each time

she selects some man to fall in love with, yet she is generally very ladylike about it. The very serious feature of her case is that during this excitement she makes all sorts of charges of improper conduct on the part of her supposed lover. She tells this in such a straightforward way, with such attention to details, and is seemingly so clear and rational, that on more than one occasion she has come near causing serious trouble for some innocent man. She always tells these stories to her father, simply as a report of happenings, and often does not seem to think it at all necessary to excuse herself. She once told her father, in minute detail, about having had intercourse with a man on the back stairs, a story wholly unfounded. On another occasion she came to the Long Island Home on a visit, not as a patient. One of the physicians, Dr. M., in the course of ordinary civility toward her as a guest, showed her some little attention. The next morning she charged that the doctor had gone to her room during the night and sought admittance. At first she said she had received him, but later she denied this. She remained a day or two longer and then went back home. On the way she stopped and purchased a ring. When she reached home she showed the ring to her father, and gave him a detailed account of her marriage to Dr. M., and said that they had spent the previous night together in a hotel in New York. There was no doubt of the falsity of her story from start to finish, but she stuck to it for some weeks, when she finally admitted that she had concocted the whole thing. This, however, was not until Dr. M. had suffered considerable embarrassment. When very recently I received an invitation to her marriage, I did not know whether to give it credence or not, more than half suspecting that her prospective bridegroom knew nothing about the affair. Mutual friends, however, tell me that this time it was not a delusion, and that at last her marriage is an accomplished fact. I wish them joy.

The condition is by no means limited to single women. One woman of my acquaintance, who in her normal condition is a most dutiful and loving wife and mother, in her periods of hypomania invariably turns her affections from her husband to another man, usually the same one each time. Once this gentle-

Records, Recollections and Reminiscences.

ANNUAL ADDRESS OF THE PRESIDENT OF THE ASSOCIATION OF MEDICAL OFFICERS OF THE ARMY AND NAVY OF THE CONFEDERACY.

BY SAMUEL E. LEWIS, M.D., OF WASHINGTON, D. C.

(Delivered at Birmingham, Ala., Tuesday, June 8, 1908.)

*Members of the Association of Medical Officers of the Army
and Navy of the Confederacy—Ladies and Gentlemen:*

The deepest emotions of gratitude fill my heart that a beneficent Providence has again permitted the coming together of the surviving members of this Association, and other comrades of the Army and Navy of the Confederacy.

It is gratifying that we have been welcomed by the medical profession and the authorities of this new and marvelous commercial and manufacturing city, in the great State of Alabama, itself replete with the early history of this continent, distinguished for the humane and pacific character of its people, ever ready in sympathy and patriotism to give aid to its neighbors distressed from whatever cause; and its support for the defense of the commonweal, and the promotion and upholding of the principles of true liberty.

It is great pleasure to give my comrades a most hearty greeting; and at the same time testify my high appreciation of the great honor which has been conferred upon me. Let us pray that this eleventh annual meeting may greatly promote the forwarding of the objects of this association, and still firmer cement the bonds of fraternal comradeship which unite us.

Objects of the Association—The expressed objects of our organization are two-fold: First, "to cultivate a friendly feeling among the members of the profession who served in the medical department of the Army and Navy of the Confederacy; and, second, to collect through its members all material matter

possible pertaining to the medical services of the Army and Navy of the Confederacy." In addition to these laudable objects, in my judgment, should have been included a third, embracing whatever efforts might properly be brought to conduce to the comfort and welfare of the survivors of the Confederate States Army and Navy, whose virtues adorned the cause for which they suffered, and whose wellbeing ever should have a claim upon the Confederate surgeon, though it be unwritten in the law.

It is quite within reason to say that there can be scarcely anything beyond his own fireside more grateful, comforting, and consoling to him whose footsteps are nearing the end of earthly existence than reunion with the friends of his youth, and notably is this true of those who were companions in a great and prolonged war, marked by unusual privations, sufferings and trials. That the members of this association fully appreciate such sentiments is shown by the love which they bear one another and the fullness of their enjoyment on the occasion of our annual reunions. Therefore, the first expressed object of our association has borne good fruit in the many happy fraternal and social reunions of our previous meetings—and may it continue ever so to do.

The second expressed object of our association relates to the business of collecting, preserving and recording whatever might be obtainable pertaining to the operations of the medical department of the Confederacy.

Organization.—With that purpose in view there had been organized in Atlanta, Ga., in 1874, an association of the surviving surgeons of the army and navy, which may be regarded as the parent of our association, but unfortunately it seems to have ceased to exist after the second meeting in Richmond in 1875, and there appears to have been no revival of interest in the medical and surgical history of the Confederacy until 1898, when the present association had its birth in Atlanta, Ga.

Loss of Records.—It is much to be regretted that unfortunately for the purpose in view there had occurred the great fire upon the evacuation of Richmond, Sunday night, April 2, 1865, which destroyed nearly all the valuable documents of the

department, and if any fell into the hands of the Northern army, or were rescued from the ruins, as was possible, they have not been attainable or accessible to any notable extent. Therefore our association in efforts to perform their work have from the beginning been beset with great difficulty which has been increased by the lapse of time already mentioned preceding the organization of the surviving surgeons. Yet, notwithstanding, our labors have not been altogether unfruitful.

Work Done.—It has been permitted us to rescue from oblivion and place upon permanent record much valuable historical data pertaining to that department in which we are particularly concerned—a brief resume of some of its more important features may be permitted on this occasion.

In view of the state of unpreparedness for war by a people who had not been exposed to its horrors and demands within the lifetime of those then living, with no knowledge of it save that gained from tradition, it is not to be wondered at that at the beginning there was everywhere profound confusion and turmoil, requiring time to bring order out of the chaotic condition.

For some time there was but little organization anywhere in the hospital department, the most horrible sufferings and lack of comforts prevailed; trained officers were urgently required in the medical, as well as in all other departments of the army and navy.

Contraband of War.—The work of the medical department was increased and made more difficult by the early proclamation of the Federal Government declaring all medicines and surgical instruments, books, and appliances contraband of war, and it became more burdensome by the Confederacy becoming soon severed in every direction from the world of supplies by powerful armies and fleets.

Surgeon General Moore.—It was not until shortly before the first battle of Manassas that the deplorable outlook for the care of the sick and wounded came to be fully appreciated. In response to the persistent appeals of his dearest friends, Doctor Samuel Preston Moore, formerly of the United States army, who had sought to live in retirement at Little Rock, Arkansas, consented from a high sense of duty to answer the call made upon

him as an officer of recognized merit, by President Davis, to accept appointment as the surgeon general, and he assumed charge of the department after the first battle of Manassas.

Trained Officers.—To organize an efficient medical and surgical corps in such great emergency from unknown and scattered elements became his first care; being attended with much difficulty from the fact that many of the most capable of the younger physicians in the military ardor of the time, sought distinction in the ranks and as officers of commands in the hope of rapidly acquiring military fame. It was therefore deemed advisable to establish army medical boards for the examination of the medical officers already in the service, as well as applicants for admission into the medical corps. The result was highly satisfactory. At the close of the war the corps could boast having many highly cultivated medical men and capital surgeons who would have reflected honor upon any service.

Hospitals.—Attention was at once directed to the accommodations for the sick and wounded. Richmond had become one vast hospital, devoting to the purpose the large brick almshouse, tobacco factories, many private residences, and numerous wooden buildings. But the liability of spreading contagious diseases among the inhabitants of the city; the contamination of the buildings; and the growing need for supplying the further demands of the service made it imperative that well digested comprehensive plans should be adopted for the establishment of general hospitals.

These were as well supplied as was possible and were conducted by a surgeon-in-chief, aided by division surgeons and assistant surgeons. Five of these hospitals were erected in 1861, in the suburbs of Richmond, accommodating at a rough estimate about twenty thousand patients. General hospitals on this plan were established whenever or wherever deemed necessary; sometimes attended with delay, inasmuch as the matter of building and furnishing hospitals had to depend entirely upon the quartermaster and commissary departments, and sometimes blame was attributed to the medical department which it never deserved.

Indigenous Plants.—Medicines and hospital supplies having

been made contraband of war by the Federal Government; and the supplies obtained mainly through blockade-runners by land and water being at all times uncertain, it was very important to be as independent as possible of this mode of supply.

A capable medical officer was detailed to prepare a treatise on the resources of the Southern fields and forests. This book was of so much importance, containing a great deal of valuable and useful information, that a large edition was published and the volumes distributed free to those who desired them. Three laboratories were established this side of the Trans-Mississippi Department for the preparation of extracts, etc., of the best known medicinal plants, specimens of which were transmitted to the surgeon general's office in Richmond at different times. These supplies were issued by medical purveyors, and instructions given to medical officers for reports as to the action of these medicines in diseases. It was enjoined upon medical officers the importance of substituting as far as practicable indigenous remedies and to obtain further this end, tinctures were prepared and issued to troops serving in malarious regions.

Surgical Instruments.—Efforts were made by artisans but little skilled to improvise and manufacture with the scanty means at hand such surgical instruments and appliances as pressing necessity required and ingenuity could invent, which could not be procured from the so-called underground railroad of the time, the occasional blockade runners, and the successes of our brave soldiers in the field in capturing stores from the enemy.

Medical and Surgical Literature.—The medical and surgical literature being very limited a journal of medicine, as well as a medical society, was established, both of which were in operation until the close of the war. A medical officer was assigned to the duty of writing a treatise on military surgery; another on wounds and injuries to nerves. A field book on operative surgery was published and issued.

Invalid Hospitals.—It was intended to establish a hospital for invalid soldiers, and an officer was detailed to determine sites and report, his attention being called more especially to Aiken, S. C. The report was in favor of this town. It was in con-

temptation to establish a hospital for deformities, the result of wounds.

Prison Hospitals.—It was through the efforts of this department that an order was issued by the adjutant general, placing prison hospitals on the same footing with the other hospitals.

Surgeons and Assistant Surgeons.—It has been reliably stated that there were in the scantily clothed and poorly fed Confederate army and navy about 1,000 surgeons and 2,000 assistant surgeons, without proper medicines and surgical instruments and appliances to care for an army consisting from first to last of about 600,000 troops, in deadly warfare with about 2,859,132 troops of the Federal army, they being supplied with the most modern equipments and arms, the most abundant clothing and food, and all that science and art could furnish in medicine and surgery, with the unlimited supplies in men and material of the nations of the world to draw upon, and with unlimited money to pay for them.

It is estimated that more than 3,000,000 cases of wounds and diseases were cared for by the medical corps of the Confederate army and navy during the war. For the period of nineteen months, January, 1862-July, 1863, inclusive, over one million cases of wounds and diseases were entered upon the Confederate field reports, and over four hundred thousand cases of wounds upon the hospital reports, but the numbers treated during the following twenty-two months, ending April, 1865, were much greater, so that the above stated estimate of 3,000,000 cases is to be held as a safe affirmation.

Prisoners of War.—In addition to the care of our 600,000 soldiers was that of the Federal soldier prisoners-of-war held in our hands on account of the stern war policy of the Federal Government of non-exchange of prisoners-of-war. It is reliably stated that the whole number of Federal prisoners captured by the Confederates and held in Southern prisons from first to last was in round numbers 270,000; while the whole number of Confederates captured and held in the Federal prisons was in like round numbers but 220,000; that of the former there were 22,570 deaths, and of the latter 26,436 deaths; a difference in favor of the Confederates of 3,866, notwithstanding the 50,000 excess in

our hands. Thus the percentage of deaths in Confederate prisons was about 8 3-10 per cent, while that in the Federal prisons was 12 per cent—a difference of about 3 7-10 per cent in favor of the Confederates.

Other Matters.—These are but in part some of the historical data which have been brought to light and placed upon permanent record by means of the organizations of surviving surgeons and assistant surgeons, and were they all that have been accomplished, the result has fully justified the effort. But in addition there has been brought out the actual experiences and observation of medical officers still living, regarding the organization, building and conduct of hospitals, gunshot wounds and their treatment, field and hospital operations, hospital gangrene, camp diseases, dietetics, and so on; also valuable papers on the treatment of prisoners of war, biographies, obituary notices and records, incidents of camp life, etc., which can only be cursorily mentioned in a brief paper.

Thus in view of the work accomplished we are encouraged to proceed in our efforts with the hope that the junior members will continue it when time shall at last render the actual participators unable.

Business Matters.—There is much work of consequence possible for this association to accomplish. As a needed primary it behooves the association to place its business matters in good condition with a view to defrayment of the expenses which are imperative upon the office of the secretaryship, in employment of stenographers to take down the proceedings of the annual meetings, for assistants to record the same in the minute book; and for the publication of such papers, addresses or other matter, as may be determined worthy by a properly constituted committee assigned to that duty. To this end it seems to be imperative that the constitution should be amended in that part relating to the payment of dues by the members of the association, the associate members and the junior members.

Papers of Doctors Stout and Foard.—The voluminous valuable records of the hospital department of the Army of Tennessee in possession of the family of our deceased comrade, Dr. S. H. Stout, should be edited and published; as also should the valuable

papers reported to have been left by another deceased comrade, A. J. Foard, M.D., of the Western Army.

Roster of Medical Corps.—Though the office of the adjutant general of the war department at Washington is engaged upon the preparation of a complete roster of the medical officers of the Confederate army, together with their orders of assignment, with dates, which will be of especial service, and which appeals to every member of this association, yet at the same time his action should not be deemed as releasing us from performing our duty in the same line, which would indeed aid in making the roster more complete—in addition to which there is the further consideration that the work at Washington may not be completed for some years, and possibly may not receive authoritative sanction for publication when completed. This roster should embrace the name, nativity, date of commission, nature and length of service of every member of the medical corps of the Confederate States Army and Navy.

Valuable Records.—Though it may never become possible to make available such of the records of the Confederate Medical Department as may possibly be in the department at Washington, yet it is believed that invaluable documents are still in existence scattered throughout the country in the hands of survivors of the war or their descendants, and in the departments of the governments of the Southern States. This association should endeavor to let it be known to the public in some appropriate manner that it invites the holders of such papers to entrust them to its custody, to be filed in the archives of this association, preserved, classified, and perhaps eventually published; and it should ascertain from the State governments referred to, the truth of the supposition that such papers are held in their departments, and if so, obtain such papers for our archives, or if that prove not to be possible, secure permission for making extended digests of them.

Nurses.—The constitution of the association is very liberal and broad regarding the classes of persons entitled to membership, but it seems to me that the devoted women who cared for our brave soldiers unceasingly, though often borne down by fatigue and illness themselves, and who often sacrificed their homes and

their wealth to do so, should have due consideration commensurate with their worth and services. There are nations and peoples who have not been lacking in honoring women who have rendered similar services—compared with whom our devoted women hold no second place. I would suggest that an amendment be made in the constitution that they may be permitted to become honorary members, under such rules as may fittingly be prescribed therefor.

Care of the Confederate Soldier.—Recurring to the previous observation relating to an additional object of our association, as yet unexpressed, I beg to be permitted to say that in my judgment neither the Southern States as such, nor the Southern people, in recent years, seem to retain proper appreciation of the sacrifices, privations, sufferings and services of the Confederate soldier and his present condition and needs, in that he has, as an individual, had no official recognition of his services to his State; and no adequate pension laws in general at all commensurate with his services, or comparable with that which has been accorded the Federal soldier. Some of those brave men have been fortunate enough to advance themselves to positions of honor, usefulness and competency in wealth, but there are very many who have not been able to do so. It should be remembered that the living veteran soldier of today sacrificed for the Southern people those years on the threshold of life dear to him for the opportunity for educational preparation to fit him for future usefulness in professional, commercial, or other walk in life, with possible attainment of a competency to render easy and peaceful his declining years. He has now reached an age when he might reasonably expect to retire from the active affairs of life, but the unfortunate multitude must labor, struggle and suffer still longer. These old comrades still have a moral claim for their welfare upon the Confederate surgeon, which did not cease to exist with the surrender of the armies upon the fall of the Confederate Government.

This association could do no better work, no kinder act, than to raise its voice in no uncertain tones regarding the care which should be given the neglected, needy Confederate veteran soldier still living—and that it should be well done, in a broad-minded,

generous manner, as would become the representatives of a great and grateful people. There is nothing on earth too good for him—there never was—but certainly not now in rapidly declining years with increasing infirmities. There is not a member of this association who does not know the truth here stated, and echo the sentiments expressed for the betterment of his condition. It is to be hoped that authoritative action will be taken by this honorable and patriotic body to bring the matters alluded to before the people in general and the legislatures in particular with the earnest trust that speedy and commensurate relief may be given.

For many years the people of the South were poor, with homes to rehabilitate and children to educate, and though not forgetting, and grateful, were unable; but the Confederate soldier was then still young and able and wanted no pension for what he deemed the simple performance of duty. Now that prosperity has enriched the South beyond expectation, or even hope, the veteran soldiers are growing old and infirm, and it becomes incumbent upon the later generation which enjoys the fruits of the labors of this old soldier, to see to it that the State governments provide for him in as bountiful manner at least as the Federal soldier has been provided for—to do less would be to incur the stigma of ingratitude, and be held in dishonor before the enlightened peoples of all the world.

SPIROCHAETA PALLIDA.—Folet (*Le Tribune Medicale*) recommends the following stain: Glycerine, gm. 40; acid fuchsin, gm. 2; glacial carbolic acid, gm. $\frac{1}{2}$. Mix and filter after solution. This may be preceded by methylene blue, gm. 2; glycerine, gm. 40; ac. carbolic gm. $\frac{1}{2}$ to counterstain. In examination of saliva, to a loop of the fresh secretion on a slide add a minute quantity of fuchsin stain, apply cover glass and examine; the counterstain may also be employed. The following solution is suggested as a substitute for Giemsa's: Chloroform, gm. 40; methylene blue, gm. 2; acid fuchsin, gm. 25; carbolic acid, gm. 50; for specimen stain wash with water or, if necessary, alcohol to remove precipitate and examine.—*Charlotte Medical Journal*.

Editorial.

THE AMERICAN MEDICAL ASSOCIATION.

The fifty-ninth annual session has become a matter of history and will in due time be placed upon "record." With the magnificent growth of the Association, it having a "Journal" of its own and that issued weekly, and our limited space, all that we deem necessary on our part is to place before our many readers a brief statement of some of the facts of this memorable and magnificent meeting.

It certainly was a "record breaker" in point of attendance, the registration running up to over seven thousand, and although everything possible was most effectually carried out by the very efficient "Committee of Arrangements," the crowding of the Auditorium for the General Sessions, and the halls for the various sections, unavoidable even in the capabilities of so large a metropolis as the "Windy City," was the occasion of some slight complaint on the part of the usual chronic grumblers, always to be found in so large a collection of humanity, we can conscientiously say that the meeting of 1908 was a most unqualified success. The papers were splendid, interesting and instructive in the highest degree, as were the discussions thereon. The social features were unsurpassed, and the manifold and various entertainments, mental and physical, were of so high and perfect in character that "none came away dissatisfied."

The report of the General Secretary showed a membership on May 1, 1908, of 31,343, which will be largely added to when the results of this meeting are summed up. The report of the Chairman of the Board of Trustees showed a net revenue for the year of \$28,808.68.

The following officers were elected: President, Col. Wm. C. Gorgas, M.D., U. S. Army; First Vice-President, Dr. Thomas Jefferson Murray of Montana; Second Vice-President, Dr. John A. Hatchell of Oklahoma; Third Vice-President, Dr. Thomas A. Woodruff of Illinois; Fourth Vice-President, Dr. E. N. Hall of Kentucky; General Secretary, Dr. Geo. H. Simmons of Illinois; Treasurer, Dr. Frank Billings of Illinois; Trustees, for the term ending 1911, Dr. Wisner R. Townsend of New York, Dr. Philip Mills Jones of San Francisco, and Dr. Wm. T. Searles of Sparta, Wis.

Atlantic City was selected as the place of meeting in 1909.

In concluding this brief editorial reference to this great and ever-to-be-memorable meeting of the representative medical men of America, we cannot refrain from commending in our humble capacity, yet with most earnest sincerity, the action of the "House of Delegates" in the selection of the "President-elect." The "Limb Loppers" and "Belly Rippers" have heretofore had the "lion's share" in the highest honor that could be con-

ferred by the Association, and although Col. Gorgas is a "surgeon" in the United States Army, *Medicine*, yes *Medicine* in its highest and grandest development, "*Preventive Medicine*" can claim him as *her own*; and as a native born "son of the South," we can but feel grateful that this high honor has been conferred on an *alumnus* of the *University of the South*.

JOURNAL OF THE TENNESSEE STATE MEDICAL ASSOCIATION.

As we stated in our May number under the head of "*Journalistic Changes*," the Tennessee State Medical Association at its last meeting decided to publish its transactions in the form of a monthly periodical, with its very able, efficient and competent secretary, Dr. Geo. H. Price, in charge of the editorial tripod.

Promptly on the first day of June, with the first delivery of mail at our office was received the first number, which we can and do most heartily and sincerely commend. It is in octavo form, and contains forty-eight pages of reading matter—the entire first number being devoted to the President's address, the Minutes of the Knoxville meeting, list of officers, committees, and four pages of "Editorial and Business," which includes the modest "Salutatory" of its accomplished and able editor, from which we make the following extract:

"The objects of the *Journal* will be to give all of its subscribers each month the benefit of the views and opinions of the members of this Association, upon some important and pertinent questions involved in the daily contact of professional life; thus putting the profession in close and vital touch.

"It will also be the aim of the *Journal* to help in spreading the influence of the organized profession in those counties of the State where organization seems to have found but little favor.

"In this connection let us say that we especially desire and urgently request every member of the profession, who may be eligible to membership in any county society in the State, to at once connect himself with his county society, and thus become a subscriber to the *Journal*."

As one of the oldest members of the Association—beginning in 1876, we desire to sincerely congratulate the Association on the excellent appearance of the first number of its *Journal*, which is in every way most creditable, and will undoubtedly be the means of bettering the conditions of the medical profession in the State of Tennessee.

TREATMENT OF AMENORRHEA. When the suppression of the menses is caused by such constitutional diseases as pulmonary tuberculosis, and the regular menstrual period is overdue, it is seldom possible to effect its return before the next period. But if the suppression is acute and the result of taking cold, worry, fright, grief or mental shock, the flow can

be promptly brought on by the administration of Ergoapiol (Smith).

In the former variety, Ergoapiol (Smith) should be administered for ten days in advance of the regular date of the flow. For the first seven days one capsule should be given three times daily after which the dose is to be increased to two capsules four times daily until the appearance of the flow. As soon as the flow has started the dose is again reduced to one capsule three times daily and its use continued until the period has been passed. In the second variety, viz: acute suppression, Ergoapiol (Smith) is administered at once in doses of two capsules four times a day until menstruation is observed, when the dose is reduced to one capsule three times a day and continued until the flow has ceased.

Ergoapiol (Smith) produces the most remarkable emmenagogue effect without the slightest untoward action. Through the tonic influence of the remedy upon the uterus and its appendages, vitality is rapidly restored to these parts, their functional activity is improved and disordered conditions are promptly corrected.

Every physician is acquainted with the dangers attending the use of the majority of drugs capable of exciting the menstrual flow. In many instances their employment is followed by alarming depression and very frequently they are the cause of permanent injury to the patient.

Ergoapiol (Smith) is more prompt in action than any other agent and its use is never attended by the slightest danger or discomfort, even when administered to the most delicate or sensitive subject.

PUBERTY.—At this time the administration of a proper remedy can go a long way toward establishing normal functioning of the reproductive system of girls approaching maturity. Hayden's Viburnum Compound exerts a beneficial influence upon the nervous and reproductive system, and if administered just prior to the initial catamenia, its antispasmodic and tonic action will be found of particular advantage.

"Altona, Manitoba, Aug. 3, 1906. The Anasarcin Chemical Co., Winchester, Tenn. I have been using your preparation, 'Anasarcin Tablets,' during the last four years. With this drug I have treated cases of dropsy caused by heart, renal and hepatic diseases, and I do not hesitate to declare that in my opinion, no matter what is the cause of dropsy, Anasarcin, if properly used, will produce results which cause great satisfaction to patients and to doctors as well. Yours truly, Dr. A. Deschambault."

MOSQUITO BITES. The extraordinary plague of mosquitoes in New York last season, says Dr. J. E. Traub, Attending Physician St. Luke's Hospital, led me to take up a series of investigations with a view to their alleviation. I found that a combination of the fixed aromatics, viz: Menthol, Thymol, etc., with alkalies gave quick relief. While looking for a combination of this nature, my attention was called to Tyree's Antiseptic Powder, a combination of Sodium Borate, Alum, Glycerin, Carbolic Acid, and

the crystalline principles of Thymus, Eucalyptus, Gautheria and Menthae, which has the advantage over the extemporaneous mixtures of being always uniform, easily soluble and readily miscible with talcum without grittiness. When indicated as a dusting powder, a 10 per cent. mixture of Tyree's Antiseptic Powder in talcum, dusted on the exposed parts of the body will keep mosquitoes at a safe distance, or a solution of one or two teaspoonfuls to a pint of water, forms an unsurpassed lotion for the same purpose. This liquid also sprayed about rooms will materially aid in keeping them away. The manufacturer of Tyree's Antiseptic Powder is to be congratulated in having in this preparation a specific for the relief from these pests.

A VALUABLE THERAPEUTIC AGENT. One of the principal subjective symptoms of any disease, or disturbance of nature, is pain, and what the patients most often apply to us for, is the relief of this annoying and troublesome feature. If we can arrest this promptly, they are much more liable to trust to us for the remedies which will effect a permanent cure. The everlasting resort to morphine is overcome in a great measure by the employment of reliable coal tar products. In cases of intermittent fever it is best to prescribe doses of one or two antikamnia tablets when the first chill comes on. I also find them most valuable in controlling headaches of a neuralgic origin. Rarely more than two tablets are necessary; the pain is promptly dissipated and the patient can go about as usual. The tablets of antikamnia and codeine, I consider the best and most useful in controlling severe pain. I have used them after surgical operations as a substitute for morphine, and find them eminently satisfactory. In controlling the severer forms of neuralgia they rank next to morphine itself.—C. P. Robbins, M.D., in *Medical Progress*.

PEPSIN is undoubtedly one of the most valuable agents of our *materia medica*, *provided a good article is used*. *Robinson's Lime Juice and Pepsin* (see advertising page 17) we can recommend as possessing merit of high order.

The fact that the manufacturers of this palatable preparation use only the best and purest pepsin, and that every lot made by them is carefully tested before offering for sale, is a guarantee to the physician that he will certainly obtain the good results he expects from pepsin.

The THIRTY-FOURTH ANNUAL MEETING of the Mississippi Valley Medical Association will be held in Louisville, Ky., Oct. 13, 14, 15, 1908, under the presidency of Dr. Arthur R. Elliott of Chicago.

Announcement has just been made of the selection of the orators for the coming meeting, by the President. The address in Medicine will be delivered by Dr. George Dock, Professor of Medicine in the University of Michigan, Ann Arbor; and the address in Surgery by Dr. Arthur Dean

Bevan, Professor of Surgery in Rush Medical College, Chicago. The mere mention of these names is enough of a warrant that this feature of the program will be in every way first-class.

The local Committee of Arrangements in Louisville has selected the Seelbach Hotel as headquarters, the general sessions and the section meetings being held in the hotel's large auditoriums.

One of the features of the entertainment projected is a smoker in the famous Rathskeller of the hotel—the finest of its kind.

The McDowell button, so much admired at the 1897 meeting in Louisville, will be reproduced in bronze for this meeting.

"OXOLINT," OR ABSORBENT LINEN is a pure product of flax. It is chemically prepared in a way that makes it aseptic and antiseptic, and gives it an unequalled absorbency. While in general appearance it resembles absorbent cotton it greatly differs from that substitute in every essential particular. It is more hygienic. It is cooler and more soothing where there is inflammation. It is more fibrous and therefore less fuzzy and freer from adhesive particles. It is more elastic and does not mat and pack as cotton does when saturated. It is five times more readily absorptive than cotton. It acts instantly. It is odorless, and it tends to destroy odors. It retains its peculiar properties indefinitely. It does not deteriorate with age. Surgeons, physicians, professional nurses, dentists, druggists and editors of medical magazines have endorsed Oxolint as the ideal absorbent. It is better than cotton and costs but a trifle more. It is the ideal surgical dressing.

THE MANUFACTURERS OF LISTERINE are proud of Listerine—because it has proved one of the most successful formulæ of modern pharmacy, and is invaluable to the surgeon and dentist.

This measure of success has been largely due to the happy thought of securing a two-fold antiseptic effect in the one preparation, i. e., the antiseptic effect of the ozoniferous oils and ethers, and that of the mild non-irritating boric acid radical of Listerine.

INFANTILE DIARRHEA. G. L. Hagen, M.D., Minneapolis, Minn., writes to Messrs. Kress & Owen Co., as follows: Your product, Glyco Thymoline, has proven in my hands the best remedial agent in all cases where the different mucous membranes are involved in a catarrhal and inflamed condition. I could give you several cases in which I have used Glyco-Thymoline with brilliant results, but will relate one extremely chronic case:

A three-months' old bottle-fed baby in the month of August, 1906, had chronic infantile diarrhea and inanition. I used everything known in the line of artificial food products and every other remedial agent to suit the case, but with no improvement. His mouth at last got so inflamed that even water seemed to irritate it and he could not retain anything. He

was a mere bunch of small bones—everything but dead. I then began to give him the following treatment:

R Glyco Thymoline oz. i
 Mel. Despumatum oz. i ss
 Aquæ dist.q. s. ad. oz. iv
M. Sig.—One teaspoonful every two hours.

The baby made a rapid and complete recovery and is today the finest little patient I have ever had.

PROSTATIC IRRITATION. The influence of residual urine in setting up prostatic inflammation is well known. When the urine is concentrated or unduly acid it becomes doubly irritating. To induce a bland, free, unirritating urine is to remove a common exciting cause of the trouble. For this purpose there is no better remedy than Alkalithia. Shut off the use of rhubarb, tomatoes and strawberries.

GASTRALGIA. Papine in teaspoonful doses, given every two or three hours, will promptly relieve the severe pain associated with gastralgia. The effect of one dose is often prolonged for five or six hours.

PHYSICIANS, ATTENTION.—Drugstores and drugstore positions anywhere desired in United States, Canada, or Mexico. F. V. Kniest, Omaha, Neb. tf

PERITONITIS. Begin with Papine, one teaspoonful every two hours, increasing the dose to three and four teaspoonfuls every three hours.

WHERE HYSTERIA is the result of uterine troubles, Aletris Cordial Rio, combined with Celerina, is an excellent remedy.

MALARIAL NEURALGIA. Papine in one or two teaspoonful doses every three hours.

Reviews and Book Notices.

STATE BOARD QUESTIONS AND ANSWERS. By R. Max Goepf, M.D., Professor of Clinical Medicine at the Philadelphia Polyclinic. Philadelphia and London. Octavo volume of 684 pages. Cloth, \$4, net; half-morocco, \$5.50, net. W. B. Saunders Co., Publishers, Philadelphia and London, 1908.

The author in his preface says that "the material for the present volume was selected from State Board questions asked during the last four years, the preference being given to those asked

in the larger and more representative States. In sifting over this material it was found that many of the questions had been repeated several times, often in the same form or with an immaterial change in wording. The list may, therefore, be regarded as fairly representative of the kind of examination questions usually propounded by State Boards." He farther says: "While the purpose of the book is to provide a convenient compend for the use of those who wish to prepare themselves for State Board examinations, a certain order has been adopted in the arrangement of the questions, and a few simple and obvious questions have been interpolated here and there in order to maintain the continuity of the subject." As a compilation the work has been done fairly well; but in all candor and kindness, we must say that we do not approve of any such class of publications. There are no short cuts on the roads to science, and most particularly medical science. Cramming may do very well to fatten a goose, or to enlarge the fowl's liver; but, after fifty years of experience, we have found that the only way to learn medicine is by hard and close study. If one has applied himself as he should have done in the four years' curriculum now required, he should know something of the healing art, and if he knows it, he can tell it—*"verbum sat sapienti."*

ON THE WITNESS STAND. ESSAYS ON PSYCHOLOGY AND CRIME. By Hugo Munsterberg, Professor of Psychology in Harvard University. 8 vo. Cloth; 270 pages. The McClure Co., New York, 1908.

Professor Munsterberg has given us a very interesting series of studies that will be of great value to those interested in psychology, and to those whose work and interest bring them within the domain of medical jurisprudence along the special lines it follows, it should be a hand-book.

After an introduction of some ten pages, in which he informs us that less than a third of a century ago the only psychological laboratory in the world was that of Prof. Wundt at Leipsig, there are now not less than fifty laboratories alone in the United States, fully equipped with very material appliances for considering the many phases of mental alienation. He proceeds in eight

practical and instructive essays to discuss the following subjects: The Memory of the Witness; The Detection of Crime; The Traces of Emotions; Untrue Confessions; Suggestions in Court; Hypnotism and Crime; Illusions; and the Prevention of Crime.

The Confederate Cause and Conduct in the War Between the States, as set forth in the Reports of the History Committee of the Grand Camp, C. V., of Virginia, and other Confederate Papers, by Hunter McGuire, M.D., LL.D., late Medical Director, Jackson's Corps, A. N. V.; and Hon. George L. Christian of Richmond; with an Introduction by Rev. James Power Smith, D.D., last survivor of the Staff of "Stonewall" Jackson. 8 vo., cloth, 230 pages. L. W. Jenkins, Publisher, Richmond, Va. 1907.

The History Reports were prepared for the Grand Camp of Confederate Veterans of Virginia, and were enthusiastically received by that body; and although 5,000 copies were published and issued, in addition to their reproduction in many of the newspapers of the country, so many letters have been received from many parts of the country commending the Reports, it was deemed a sufficient reason for their publication in this more permanent form.

The address of Dr. Hunter McGuire at the dedication of Jackson Memorial Hall, Virginia Military Institute, and his account of the wounding and death of Stonewall Jackson, concluding the volume, are most interesting contributions to history.

Anyone, whether of the North or South, cannot but feel an interest in getting the true facts of history, and in this contribution many important facts will be found truly and correctly stated.

Diseases of the Nose, Throat and Ear; Medical and Surgical. By William Lincoln Ballenger, M.D., Professor of Otology, Rhinology and Laryngology, College of Physicians and Surgeons, of Chicago, University of Illinois. Octavo, 896 pages, with 467 engravings and 16 plates. Cloth, \$5.50 net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

This new work is notable, in the first place, for its unusual breadth, as it covers the whole of its three subjects, instead of dealing with the nose and throat fully and with the ear only

fractionally, which has been the general custom heretofore. In still another and equally important sense the book is very comprehensive, for it deals fully with the surgical as well as the medical treatment of these regions, and of the accessory sinuses also. As the author has been generous in including the whole of these cognate specialties, so has he been disposed toward his book itself, for he has lavishly illustrated it with original drawings, nearly every one of the 500 engravings being new and specially prepared for this work. Though liberal in his pictorial department as well as his text, he has been jealous of his readers' time, and has avoided superfluous words and cuts alike. Everything admitted to its pages tells its story, and nothing could be omitted without loss. His book is also cosmopolitan, for it represents the best knowledge of the world. As a single step in its preparation the author gathered no less than about 3,000 monographs by corresponding with leading specialists in America and Europe. The enormous labor made fruitful in this volume is certain of wide recognition in this country, where the diseases grouped in its title are especially rife owing to climatic and other causes. The author has written for students, as well as for general practitioners and specialists.

Selections.

PERSISTENT, REMITTENT FEVER after an acute infection of the knee joint is usually due to a systemic invasion. Such cases are best treated by laying the joint wide open (Mayo operation).—*American Journal of Surgery.*

A PLAN FOR REDUCING INFANT MORTALITY IN NEW YORK.—Wilbur C. Phillips, New York, gives a program that he hopes may be initiated in New York City, which will lessen infant mortality. The main feature will be copied from the French Consultations for Nursing Infants, which have been carried on so successfully in many district of that country. The author believes that the furnishing of sterilized or pasteurized milk may act as a deterrent to mothers from nursing their children, the latter

being the only really useful method of diminishing infant mortality. He describes the consultations and gives statistics of their results, which have been most excellent. What the poor woman needs is education about breast feeding. The author advocates the establishment on a large scale of consultations for nursing infants, at which the infants shall be weighed and advice given as to their care, the mothers emulating one another in getting the best looking babies. The mothers can be taught home 'pasteurizing' of milk when they cannot nurse the child. Unselfish co-operation of physicians is necessary to teach the mothers. Next comes the production of modified pure milk at a cost that the poor mother can afford to pay. This will soon be accomplished by the New York Milk Committee's depots, which will be opened in June.—*Medical Record*, May 30, 1908.

IN CASES OF SUSPECTED FRACTURE OF THE SKULL, percussion-auscultation will be found a valuable procedure where all the other signs and symptoms have been negative. The procedure is the following: The forehead is repeatedly tapped sharply in the median line with the middle finger, the stethoscope being moved from one point to another from before backward. If a fracture be present, a cracked-pot sound is elicited just beyond it. The corresponding part of the head on the other side should be auscultated to eliminate possible error.—*American Journal of Surgery*.

DISTURBANCES OF GASTRIC SECRETION.—M. Gross of New York, after giving a sketch of the anatomy and physiology of the stomach, and the results of experiments, gives these conclusions: In the quiescent state the pyloric orifice admits of the passage of gastric contents to a limited extent, but there may be relaxation not amounting to paralysis. The susceptibility of the pylorus regulates its function. The sphincter is stimulated reflexly from the small intestine and directly from the stomach, either chemically or mechanically. Pathological changes are an exacerbation of the normal processes. Hyperchlorhydria consists of secretion of an abnormal amount of normal fluid, resulting in engorgement with hydrochloric acid. Pain need not

be caused by an ulcer; the presence of too abundant secretion may cause it. In hyperchlorhydria there is a secondary painful spasm of the pylorus, with retention of gastric contents. Most cases of hyperchlorhydria are of neurotic origin. Erosions and ulcers with hyper-secretion also cause paroxysms of pain. Hypochlorhydria is frequent in conditions accompanying faulty nutrition of the gastric parenchyma, such as gastric cancer, anemia, etc. Hypersecretions are transitory or permanent. Hypochlorhydria is benefited by the use of acid and pepsin, hyperchlorhydria by bismuth, silver nitrate, and the intelligent use of alkalies.—*Medical Record.*

THEORIES OF IMMUNITY.—Immunity has been best defined as the reaction of an animal organism which hinders or makes impossible the life of cells foreign to it. The character of the reaction varies with that of the factor inducing it. The study of immunity is essentially a study in the transpositions of colloidal equilibria. It may be said that every form of life has a standard of physical and chemical equilibrium peculiar to itself. Further, that it possesses within itself the power of maintaining these standards of equilibria, within certain limits. If these limits be exceeded these standards are altered with the formation of physical and chemical states incompatible with the life of the effected organism; in other words, death. If, however, the limit is not exceeded, the tissues become modified with respect to the foreign cells or conditions; in other words, they are immune.

Immunity, then, is the expression of a successful effort of tissue to maintain its structural integrity. It is not peculiar to living tissue. Guillaume, an eminent physicist, has recorded an experiment which has a bearing on the problem under consideration. A bar of steel is subjected to a tensile strength. Constriction obviously occurs at the weakest point. Observation showed that that resistance at this point immediately becomes stronger as the result of internal transformations, and the constriction ceases at this point to appear in some other portion of the bar. This reacts in a similar manner and so on until the constriction becomes localized at some point which remains weakest, until rupture results. Further, if the experiment be interrupted before

the breaking point be reached, and the bar reduced along its whole length to the diameter of the constriction, by means of powerful rollers, the point of primary constriction will be found to be the most resistant portion of the whole bar, if it is again subjected to test, which proves that the metallic organism is able to reinforce a threatened point just as a living organism might have done. M. Guillaume states further that this condition persists for some years, gradually becoming less pronounced. This experiment is given in the author's own words, and is evidence that the property of immunity in its broadest sense is one of matter in general.

The various hypotheses advanced by immunologists are too well known to require iteration. The so-called side-chain theory of Ehrlich is at the present day generally accepted by the profession as the most satisfactory explanation of the phenomenon. The chief objections raised against it is that it makes entities out of processes, that it is a misinterpretation of observed phenomena, and that in the words of a distinguished French biologist, "it ascribes to the economy a veritable genius for physiological chemistry."

If the average practitioner would consider what the acceptance of the side-chain theory implies it is unlikely that the Ehrlich school would have such a large and enthusiastic following. Amboceptors for every known colloid are said to pre-exist in the human or animal body, and to render this immune, it is but necessary to increase their multiplication by injecting the colloid which bears a specific relation to them. Further, we are asked to believe that lysins, coagulins, precipitins, agglutinins, opsonins, alexins, ferments, antiferments, exist prepared to combat any or all forms of life, whenever these menace the stability of the mechanism of which they are a part. Again, not only, for example, can a hemolysin be produced, but an anti-hemolysin, and, further, an anti-anti-hemolysin, and so on. It has been observed that blood is a peculiar juice; in the light of these explanations it seems to be. It might be an interesting problem for biologists to discover how all of these marvelous activities were developed. It would never do to say that they are the vestiges of previous infections, for it is a well known fact

that infection cannot take place unless combination can take place between the infecting agent and the body cells. To say, as has been said, by a biologist, that these activities existed when the living mechanism first came into being is to say nothing.

Life is a peculiarly modified form of energy, which requires for its manifestation a definite physical state imposed upon a highly complex chemical compound. The study of life processes is a study in physical chemistry. As indicated in the first part of this article every form of life has a standard of physical and chemical equilibrium peculiar to itself, and when this is placed in jeopardy there is an effort to maintain this by impressing it upon the invading agent. As to how this is effected it is difficult to say. The explanation is to be sought by studies in physical chemistry. Arrhenus and Madsen are pioneers in this line of work and general practitioners interested in this line of work are referred to their writings.—H. SCHROER, M.D., in *Cincinnati Lancet-Clinic*.

THE TREATMENT OF COAL-GAS POISONING.—We wish to call the attention of our readers to a little remedy in coal-gas asphyxia that has proved very efficient, but with which, we fear, not many are familiar. We refer to the administration of hydrogen dioxide per rectum and per os. Per rectum it is given in full strength; per os, it is diluted with an equal volume of water. The dose of the dioxide per rectum is about two ounces, per mouth about one ounce; and it may be frequently repeated. The usefulness of the treatment depends upon the absorption of oxygen from the hydrogen peroxide into the blood current. A piece of ice inserted into the rectum is a great adjuvant, as it has quite a remarkable effect in restoring consciousness.—*Critic and Guide*.

THE CHOREA OF PREGNANCY.—Rudaux (*La Clin.*) writes that when chorea is first noticed in a pregnant woman a vigorous antitoxic treatment must be instituted. Milk diet is essential. The intestine must be cleared out by the administration of a purgative (followed by fractional doses of calomel and copious injections). The urine should be thoroughly examined, both as to quality and quantity. By these means the cause of the mani-

festation may be reached, but the nervous system is in a state of hyper-excitability and demands special treatment. He prefers large doses of chloral to other drugs, and would give from a dram to three drams in twenty-four hours if necessary. It may be administered either by mouth or by rectum. In the latter case a dram of chloral may be added to the yolk of one egg and four ounces of milk, and be passed into the rectum very slowly with a fine syringe. This will send the patient to sleep for some hours; she should only be roused to take milk at stated intervals. The chloral should be gradually increased from one to two or three drams, and then diminished as the symptoms subside. It should only be stopped when these have completely disappeared. Abortion or premature labor should only be undertaken when the life of the woman is in danger.—*Charlotte Medical Journal*.

IF A PATIENT PERSISTS in running evening temperatures which cannot be accounted for after a thorough physical examination and blood examination, one should place the patient on increasing doses of the iodids, for the fever may be due to an old syphilitic infection.—*American Journal of Surgery*.

PATHOLOGY OF DIABETES.—Whenever sugar is absorbed into the blood from whatever source, all the body cells fix as much of it as they require in the form of glycogen, the liver perhaps having power to store whatever is in excess of immediate requirements.

In order to make use of this glycogen it must be reconverted into sugar, and this, in the case of the liver, is done by means of a ferment. Now, this ferment may be the normal sugar-forming ferment of the pancreas, which, after performing its function in the intestine, is absorbed and made use of again in the tissues, perhaps undergoing some change till such times as it is wanted.

When the ferment is not present, the glycogen in the cells cannot be made use of. But sugar may be an essential requirement of these cells, and, with the power of using the fixed

glycogen gone, the small normal quantity floating in the blood may be of little use to supply this requirement.

Hence a demand on all sides for sugar, resulting in increased appetite, and the conversion of proteid and anything that can be so transformed into sugar, so that the sugar percentage of the blood is raised above normal. But as soon as this occurs two things happen:

(1) There is a demand for water, producing thirst, on account of the increased density of the blood, and,

(2) The kidneys begin to filter off sugar; so that, with abundance of glycogen and sugar, the tissues are starving for it, the cells striving to establish a higher sugar percentage in the blood, the kidneys always frustrating them.

This theory would explain the food effect of pancreatic extracts in diabetes; the value of morphine may be simply that it diminishes metabolism.—*Brit. Med. Jour.*

A LARGE, SLOWLY HEALING SUPERFICIAL ULCER OF THE LEG may be due to a thrombosis of one of the small vessels leading to that part. Of course, syphilitic etiology must first be ruled out.—*American Journal of Surgery.*

TREATMENT OF GASTRIC ULCER.—In a short paper on this subject read before the Minnesota Academy of Medicine by Dr. Charles Lyman Greene, and published in the *St. Paul Med. Jour.* for June, 1908, he has the following "conclusions:"

1. Medical and surgical statistics are alike faulty and misleading.

2. A deplorable amount of operative work has been done in purely medical cases.

3. In most instances neither before or after operative interference has there been a proper scientific use of modern diagnostic or therapeutic procedures.

4. Simple ulcer is always medical. Chronic ulcer is only surgical when persistently recurrent. Cases of moderate stasis and pyloro-spasm are not primarily surgical. Hemorrhagic cases are seldom fatal and yield a lower mortality under medical than under surgical treatment. Surgical relief is advisable in painful

Hay Fever

Five preparations of marked efficacy:

Solution Adrenalin Chloride (1-1000).

Ounce bottles. Used as a spray (diluted with physiological salt solution), application being to the nares and pharynx.

Adrenalin Inhalant.

Codrenin.

Ounce bottles. Used as a spray, undiluted.

Adrenalin Ointment.

Adrenalin and Chloretone Ointment.

Collapsible tubes, with elongated nozzle. Applied to the nares.

The Glaseptic Nebulizer

The most serviceable atomizer for spraying the Adrenalin solutions. All glass. Aseptic; handy; economical. Illustrated circular on application.

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Milk of Bismuth

Worth Remembering When You Write the Prescription:

1. Milk of Bismuth (P. D. & Co.) is a simple suspension of pure hydrated oxide in distilled water.
2. It contains no sugar, gums or preservatives.
3. It is free from arsenic.
4. It agrees with the most sensitive stomachs.

There are bismuth preparations of which these things cannot truthfully be said. Be on the "safe side." Don't experiment. Specify "P. D. & Co."

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